

AMENDED

FILED

Ohio Campaign Finance Report

JUL 30 PM 1:45

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Groveport Madison Committee For Better Schools							Registration Number, if PAC		
Full Name of Candidate									
Street Address 8082 Pontius Rd.					Office Sought		District GM		
City Groveport					State O H		Zip Code 43125		
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	Annual Year
	<input checked="" type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	X Semiannual 2010
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	4,536.59
2. Total monetary contributions (From Form No. 31-A)	\$	630.00
3. Total other income (From Form No. 31-A-2)	\$	1.19
4. Total funds available (sum of lines 1, 2, 3)	\$	5,167.78
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	5,167.78
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Marti Prince Marti Prince 7/27/10
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Groveport Madison Committee For Better Schools						
Full Name				Registration Number, if PAC		
Huntington National Bank						
Address	Type*		M	D	Y	Amount
	I N		0	1	2	0.19
City	State	Zip Code	Form(Cash,Check,etc)			
			Credit			
Full Name				Registration Number, if PAC		
Huntington National Bank						
Address	Type*		M	D	Y	Amount
	I N		0	2	2	0.18
City	State	Zip Code	Form(Cash,Check,etc)			
			Credit			
Full Name				Registration Number, if PAC		
Huntington National Bank						
Address	Type*		M	D	Y	Amount
	I N		0	3	3	0.20
City	State	Zip Code	Form(Cash,Check,etc)			
			Credit			
Full Name				Registration Number, if PAC		
Huntington National Bank						
Address	Type*		M	D	Y	Amount
	I N		0	4	3	0.21
City	State	Zip Code	Form(Cash,Check,etc)			
			Credit			
Full Name				Registration Number, if PAC		
Huntington National Bank						
Address	Type*		M	D	Y	Amount
	I N		0	5	2	0.21
City	State	Zip Code	Form(Cash,Check,etc)			
			Credit			
Full Name				Registration Number, if PAC		
Huntington National Bank						
Address	Type*		M	D	Y	Amount
	I N		0	6	3	0.20
City	State	Zip Code	Form(Cash,Check,etc)			
			Credit			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.